

## National Institutes of Health public access policy assistance: one library's approach

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Over a year ago, on April 7, 2008, the National Institutes of Health (NIH) public access policy became mandatory. The policy directs NIH-funded researchers to:

submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. [1]

At that time, the University of California, San Diego (UCSD) Biomedical Library, along with many other academic health sciences libraries, began to strategize about how it might help its NIH-funded researchers comply with the policy. Now, a year later, seems like a good time to reflect on the steps that this library took to offer policy assistance and to consider the benefits to the library of doing so.

### The challenges

Why did the UCSD Biomedical Library step forward to interpret and elucidate the details of the NIH public access policy and to provide training to campus researchers about how to comply? What was it about this particular government agency policy that necessitated library involvement?

Complying with the policy is more complicated than first appears [2]. The most challenging aspect is determining if the journal that the researcher wants to publish in will *allow* compliance with the policy or not. Before submitting a manuscript, an NIH-funded researcher whose manuscript falls under the policy needs to verify if the publisher will allow compliance and, if so, how the researcher can comply. Is the journal on the list of journals that automatically deposit all of their articles into PubMed Central? Will the journal allow the author to deposit the

final peer-reviewed manuscript in PubMed Central within twelve months of the publication date? Will the journal submit the paper on the author's behalf? Does the journal refuse to allow the author to comply? Finding out what the publisher allows—or does not allow—is often a difficult and complex process for authors.

Second, the right to comply with the policy needs to be spelled out in the copyright transfer agreements that authors routinely sign, often without reading, to turn over some or all of their copyrights to the publisher. The copyright transfer agreement is a binding legal document. Authors need to be reminded to check their agreement to make sure they have reserved the right to comply with the NIH public access policy. If the wording of the agreement is unclear, authors are advised to add language that allows them to comply [3].

A third requirement that confuses researchers is locating the PubMed Central identification number (PMCID) and citing it in future NIH applications, renewals, and progress reports. Researchers sometimes confuse PubMed Central with PubMed and the PMCID number with the PubMed identification number (PMID).

### One library's response

The UCSD Biomedical Library initially became involved with the NIH public access policy in February 2008, months before it became mandatory, when a faculty member asked for a demonstration on how to submit manuscripts to the NIH Manuscript Submission (NIHMS) System. Subsequently, the library began offering classes about the compliance process at various locations on campus. These classes covered step-by-step procedures on how to determine if a publisher allows the author to comply with the policy, advice about reviewing and modifying

copyright transfer agreements, and instructions on locating and citing the PMCID number. The classes were well attended, and a number of custom sessions were requested (for department business managers, faculty meetings, etc.). Some faculty who requested custom sessions made comments—such as, “Thank you so much for your presentation yesterday. It was just what we needed to raise awareness and how-to information on getting this new requirement accomplished”—which indicated that the classes filled a definite need. Because NIH funding is not limited to health sciences libraries, a “train the trainer” approach was used to inform librarians from other campus libraries that serve NIH-funded researchers (UCSD Science and Engineering, Social Sciences and Humanities, and Scripps Institution of Oceanography). A spreadsheet with questions that were asked about the policy and the answers that were provided to those questions was placed on a shared drive so that all of the trainers could access it.

The library established a website to summarize the policy and the University of California implementation of it [4]. The website includes links to the NIH policy website, the UCSD Office of Contracts and Grants Administration (OCGA) policy page, resources that help researchers determine which journals allow them to comply with the policy (e.g., SHERPA/RoMEO, the wiki about publisher policies on NIH-funded authors from Simmons University, etc.), and other relevant resources—all on one page. Training materials such as the class electronic slide presentation, outline, and handouts were posted on the website for other librarians to use as a guide.

The University of California Scholarly Communication Officers Group created the “NIH Mandate

Task Group" to compare and coordinate what the various University of California campuses were doing. Library organizations such as the Medical Library Association (MLA), especially the Governmental Relations Committee and the Ad Hoc Committee for Advocating Scholarly Communications, and Association of Academic Health Sciences Libraries (AAHSL) considered what advice and support to give to their constituencies [5, 6]. In addition, the campus contracts and grants office and its counterparts on other University of California campuses struggled to decide as a group what to do about the policy.

### Is it our business?

At various times, the biomedical librarians and those from other campus libraries asked themselves if getting involved in training about the NIH public access policy was really the role of the library. How, they asked, does a government policy about depositing articles in PubMed Central relate to the library's mission? There are a number of reasons why this is the library's business.

The aim of the policy, to make NIH-funded research results freely available and to accelerate scientific delivery by integrating PubMed Central materials with other NIH databases such as GenBank and PubChem, is certainly in line with the values of many health sciences libraries. The expansion of the full-text PubMed Central database makes it an increasingly valuable resource for librarians as well as their clientele. Providing policy assistance requires interpreting and organizing information, providing instruction to a variety of groups, designing appropriate instructional materials, and creating a website—all part of many librarians' normal duties.

Could the library have simply referred researchers directly to the NIH public access policy website? In April 2008, the NIH public access policy website was long and complex with a myriad of links—overwhelming, to say the

least. Researchers who went to the website looking for answers on how to comply with the policy—and an overview perspective of the process—often left without finding what they needed. There was also nothing on the NIH website about the steps that someone might take to find publisher policies. The NIH website has improved considerably since then.

Visitors to the NIH public access policy website may automatically get the idea that the policy is the library's business because the library is specifically mentioned as an entity that may submit manuscripts on behalf of researchers: "Someone in your organization (e.g., an assistant or your library), or your publisher, may deposit the final peer-reviewed manuscript files in the NIH Manuscript Submission system for you." Although the UCSD Biomedical Library does not submit manuscripts for researchers, it does offer demonstrations and training on how to do so. Some libraries, such as Bernard Becker Medical Library at Washington University, do submit manuscripts on the behalf of their clientele, and provide other services [7, 8].

Health sciences libraries have long been proponents of open access [9]. For instance, MLA and AAHSL wrote a joint statement for President Barack Obama's transition team about the importance of supporting the NIH public access policy [10]. If libraries are going to "talk the talk," it seems right that they should "walk the walk" and assist their clientele in dealing with this important and prominent biomedical open access initiative.

In addition, by providing clarity and instruction where it was needed, the UCSD Biomedical Library took another step toward proving its value to its clientele. In her 2009 article in the *MLA News*, Brewer listed several reasons why librarians should care about the NIH public access policy [11]. Although proving the library's value to its clientele was not one of these, it is a definite benefit to the library.

### Conclusion

The number of questions that the UCSD Biomedical Library has received concerning the NIH public access policy has declined over the last year, although individuals still call to request a review of policy requirements or to ask specific questions. However, the value gained by providing instruction on how to comply with the policy is proving to be long lasting, especially from the standpoint of public relations and good will.

Libraries such as the Bernard Becker Medical Library at Washington University have done a stupendous job of helping their clientele comply with the policy and have been generous with their assistance to other libraries. Although the UCSD Biomedical Library did not go to the same lengths, what it did do is develop a basic, scalable set of services related to the policy—training sessions, a presentation, handouts, and a website—that other libraries can adapt for their own purposes.

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